Minus

Minus Minus

 If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 2)

HOYES

NUMBER

PREVIOUSLY

PAID FOR

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

CLAIMS

REMAINING

AFTER

MENDMENT

	TOTAL ADDIT. FEE		OR	YÖYAL ADDIT, FEE	6
	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	X\$ 9=		OR	X\$18=	
	X40≈	•	OR	X80=	
	+135=		OR	+270=	
,	TOTAL ADOIT, FEE			TOTAL ADDIT. FEE	
found in the appropriate box in column 1.					

OR

OR

X80=

X40=

+135=

FORM PTO-075 (Res. 6/00)

AMENOMENT

Total

Independent

Independent

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Pest Available Copy

(Column 3)

PRESENT

EXTRA